Office of International Student Services
Center for International Studies
261 Millennium Student Center
One University Blvd (MC 221)
St. Louis, Missouri 63121
USA
Telephone (314)-516-5229
FAX (314)-516-5636
Email iss@umsl.edu

Request for Verification of Transfer Eligibility for International Students in F-1 Status

Note: If you decide to cancel your transfer to another institution, contact our office immediately so that we may cancel this action in our records.

Name _____ Student Number _____

Email address _____ Tel _____

Degree program and field of study at UM St. Louis _____

Did you complete the degree program listed on your current I-20 issued by UM St. Louis? Yes
No

What was the first semester you enrolled at UM St. Louis? Winter Summer Fall Year _____

What was the last semester you enrolled at UM St. Louis? Winter Summer Fall Year _____

Are you presently in good F-1 status? Yes No If no, please explain.

_____

Are you eligible to continue at UM St. Louis? Yes No If no, please explain:

_____

What institution are you transferring to? _____

When? Winter Summer Fall Year _____

I hereby request and give my permission for UM St. Louis to release any necessary information to determine my eligibility for transfer as addressed by 8CFR214.2(f)(8).

Signature _____ Date _____

For Office Use Only

Transfer Release Date:_____ DSO:_____